

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW			

11-1
 M.D.
 CK

1079
 G25
 1109

1/20
 02/23/01
 2-26-02

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 - (Through numeral) Canceled
 : Restricted

N Non-elected
 I Interference
 A Appeal
 O Objected

Claim	Final	Original	Date
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Claim	Final	Original	Date
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26-02